

UNITED STATES DISTRICT COURT

for the

District of _____

United States Courts
Southern District of Texas
FILED

JUL 20 2010

Clerk of Court

Ashley S. Lewis

Plaintiff

v.

Sallie Mae

Defendant

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

Dickinson Independent School District
P.O. Drawer Z
Dickinson, TX 77539

My gross pay or wages are: \$ 1895.21, and my take-home pay or wages are: \$ 1173.71 per

(specify pay period) Semi-monthly.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Military Disability (Veteran's Affairs)
\$113.00 take home / monthly

AO 240 (Rev. 06/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 90.00.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

N/A

* Automobile was paid off during bankruptcy (4/2010) by my mother for my brother 2000 mustang GT conv.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

scheduled 8/2010 \$875
mortgage (until foreclosure sale)

electricity \$200

phone \$150

water/sewer/trash \$60

gas \$30

Student Loans \$1300 (cannot pay at this time)

vehicle note \$360

loan (fridge/tv) \$320

insurances \$3300/yr

taxes \$4000/yr

gas (transportation) \$350

daycare/sitter \$200

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Donald Ray Broussard III 8 years old son 100% support

* filed child support 6 years ago

Atty. General has not been able to serve his father but has located him. They have an ongoing search.

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Medical Bills \$4000 (various collection agencies)

Student Loans \$220,000 (Sallie Mae)

Student Loans \$26,000 (Citibank)

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 7/20/2010Ashley S. Lewis
Applicant's signatureAshley S. Lewis
Printed name